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Transforming facility-level confidence and engagement with using data to close HIV programme gaps

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Background

- **Global Health Initiatives** play a significant and complex role in health systems. **PEPFAR** has been instrumental in the response to the **HIV epidemic**. Anova has been the PEPFAR **NGO** in the **Cape Winelands** since 2007
- Major changes in strategic in **2015** required an **innovative model** of support in the Cape Winelands
- The aim of **3x 90 Cape Winelands Hotspot** project was to **close the gap** on the HIV 90-90-90s in **high HIV-burdened clinics** in the Cape Winelands over a **short** period of **time**.
- **What changes** can we make that will result in **improvement**?
- How will we **know** the **changes** are an **improvement**?

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Summary of process

- As part of the **evaluation** of the 3x90 innovation a study was done.
- **Study aim**: 1) describe the model, 2) how it was implemented, 3) analyse it effects on facilities and district as a whole 4) enabling and hindering contextual factors.
- To describe the model, its contexts and implementation: **qualitative methods** of data collections were used.
- To investigate the effects of the model at facility level: Analysis of **routine data** was performed.
- **Interviews** with stakeholders: Collected useful data and give us nuanced understanding of effect of support on facilities/ sub-district/ district
- **Feedback**: Transferrable lessons learnt about **data use at facility level**

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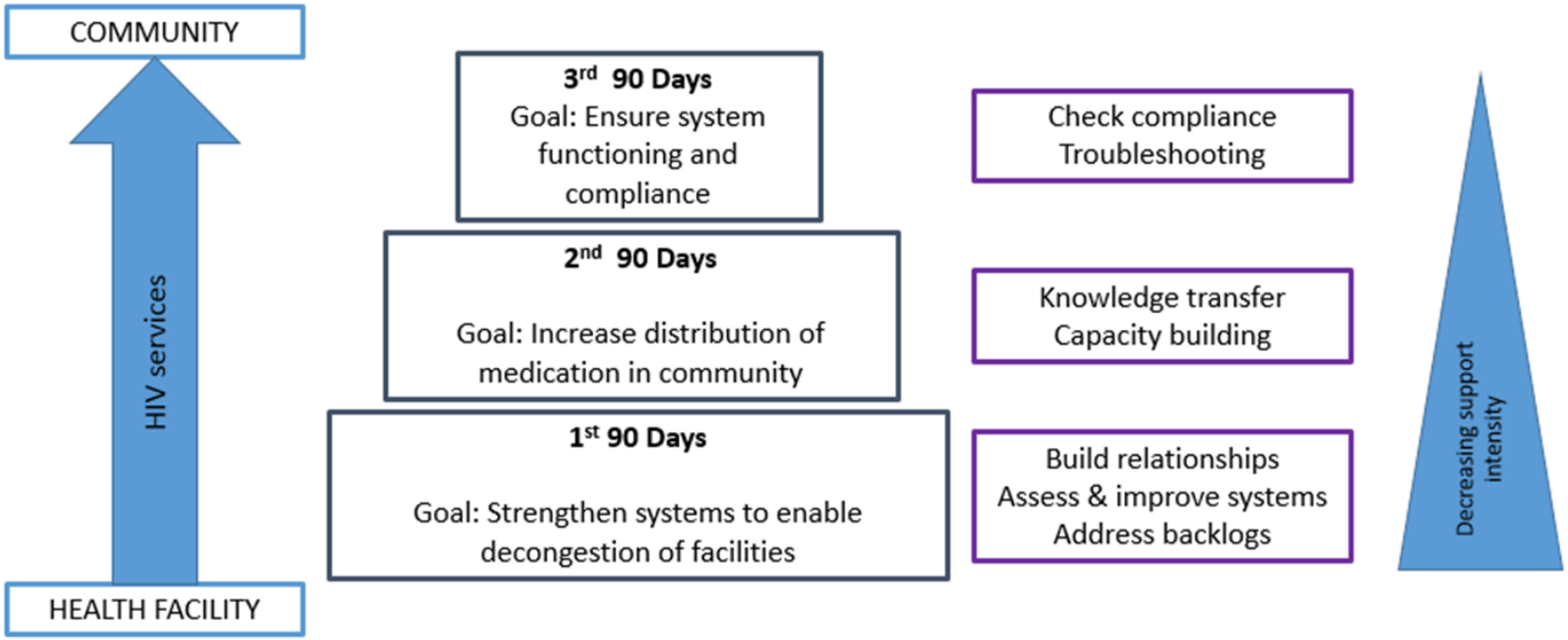
Principles of the innovation

Anova Cape Winelands model for focussed and sustainable support at "hotspot" primary care facilities



Team: Manager; Pharmacy Assistant; Data Clerk/Counsellor; Professional Nurse
Anova team matched with facility staff team

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Formative phase behind the model

- Organic process: "**Doing while planning**"
- **Look for ideas** that can make an improvement?
- Used the "classics" to find ideas: (benchmarking, known best practices, root cause analysis, process mapping, turn ideas into concepts and creating new ideas that work for the clinic)
- **Find proof** (data) that the ideas were implemented and that it made a difference.
- **Measurement**: Services, clinical and intervention outcomes versus implementation strategy outcomes or process measurements.
- Focus on understanding the **local contexts.**
- Look for unintended consequences.

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Findings: Data use at facilities

- **Data Disconnect** : Captured at clinic level ⟶ analysed at higher levels ⟶ use data to report at higher levels ⟶ use data for planning at higher levels ⟶ feedback by higher levels.
- Clinic disconnect with data: 1) **distrust** around data, 2) **lack of ownership** 3) feelings of **disempowerment**.
- Data **not** used for **action** by clinics.
- Tier.net tool: **On-site analysis**, **presentation** and **use.**
- "Real time" & "Real world" data: **3x90 Turn-around strategy**
- Bring **confidence** and **engagement** .
- **Improve** services in clinics.
- **Close** HIV programme **gaps**.

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Data collection: Feedback

- The clinic is the **micro-setting,** but also the **building block** where **individuals** do data collecting.
- Their work is highly **scripted** to achieve objectives.
- Their **behaviour** is shaped by the **institutional contexts**.
- But they have a **lot of discretionary power**:
- How and when they act and why and how they **support** or even **undermine** policy.
- They have a **pivotal role** in engaging people, building relationships and defining norms and values
- A key focus of the 3x 90 project team was on the **individuals in the clinics collecting data.**

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Data collection: Solving problems together

- **3x 90 key strategy**: Create: Opportunities, structures and processes to solve problems together.
- There were many **data collection problems**: Backlogs, Quality of clinical notes and Tier, Appointment system and Tier, Off site pick-up points and Tier. Technical support and Tier.
- There were many **creative solutions**: The Turn-around strategy, Data capturing by “non-data” staff, More than one computer in a clinic to capture. Clinical training for data people, Data training for clinical people.
- Need to proof implementation of the solution and to **measure** the outcome of solution in the new contexts.
- Feedback: Decide to **adapt** or **abandon** the solution.

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Improving data quality

- Some **ideas** were great and **inspiring**, but the **data to support** the ideas were useless or not collected.
- The importance of **data quality** became an **issue** for the clinic, because they needed the data to motivate for change.
- Examples of creative data quality improvement solutions: Daily cash-up of data, Correcting fake lost to follow-up.
- Clinics started to **verify their reports**, addressing gaps and shortcomings.

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Starting analyse and interpret data at clinic level

- Clinic staff was capacitated and started to **use the different lists** generated by TIER.Net.
- The reports on Tier.net not only help **verifying** data it also help to **analyse** data.
- The clinics started to analyse profile of patients on Tier.net: Male/ Female starting, **Time** between **testing** and starting on ART.
- Analyse the **movement** of patients: Contacting neighbour clinics to look for patients.
- Followed by implementation of a **clinic-level dashboard** that was created to link different data sets.

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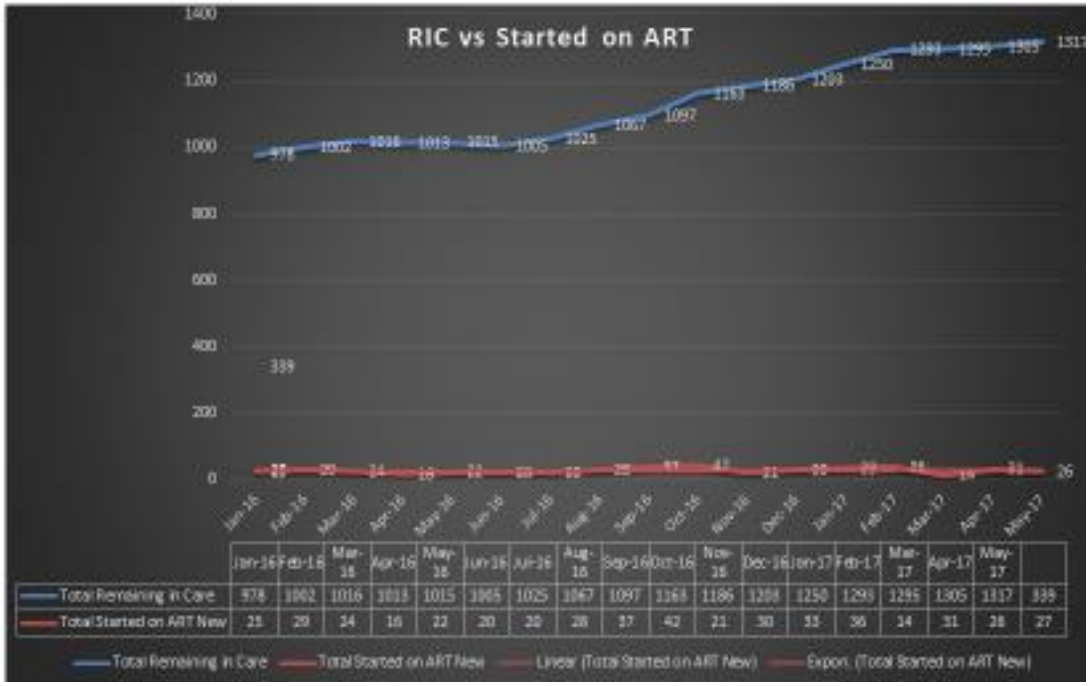
Run chart made by data capture



	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	
Total Remaining in Care	978	1002	1016	1013	1015	1005	1025	1047	1097	1163	1186	1208	1250	1293	1295	1305	1317	339
Total Started on ART New	25	29	14	16	22	20	20	28	37	42	21	30	33	36	14	31	28	27

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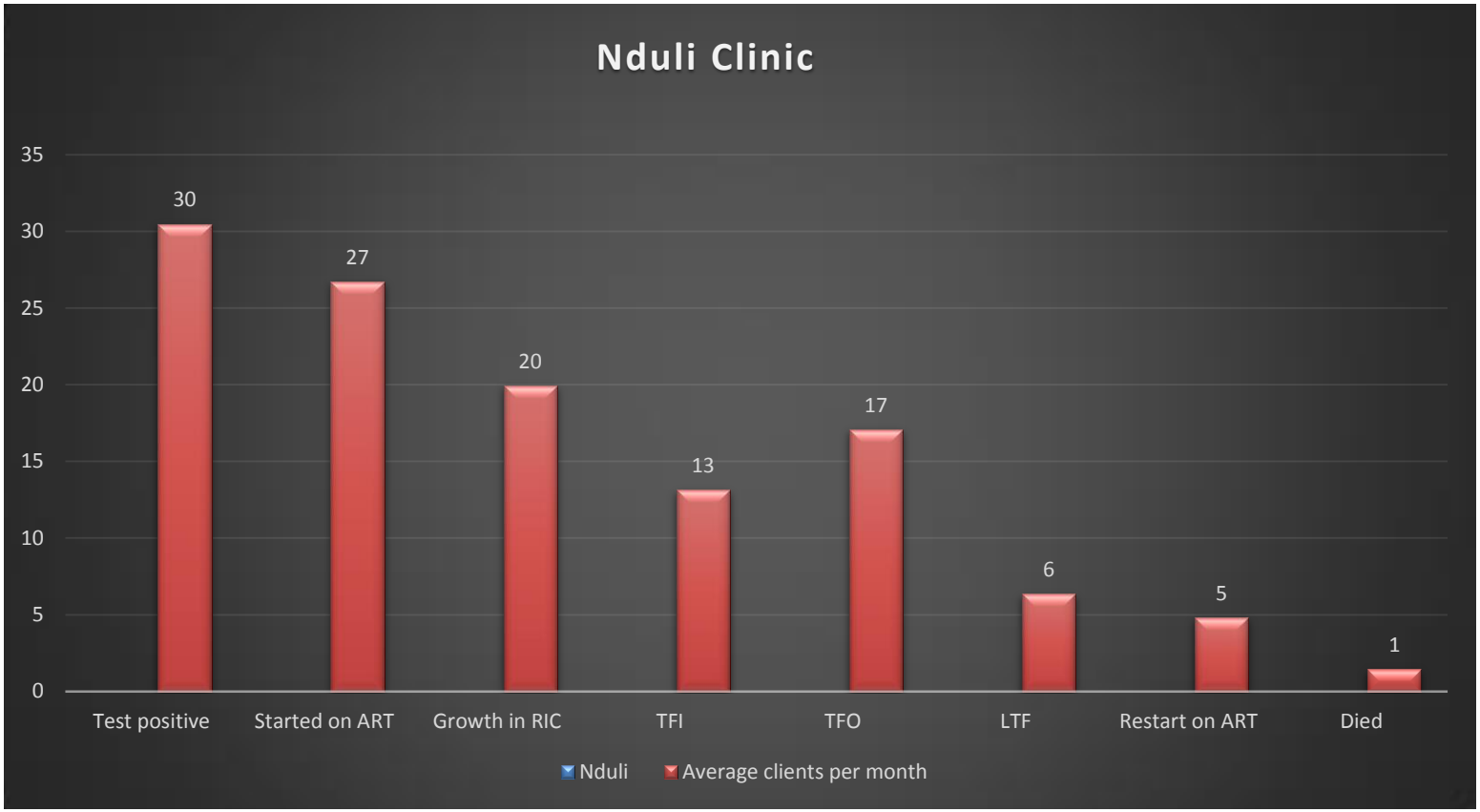
Example of monthly targets set by clinic



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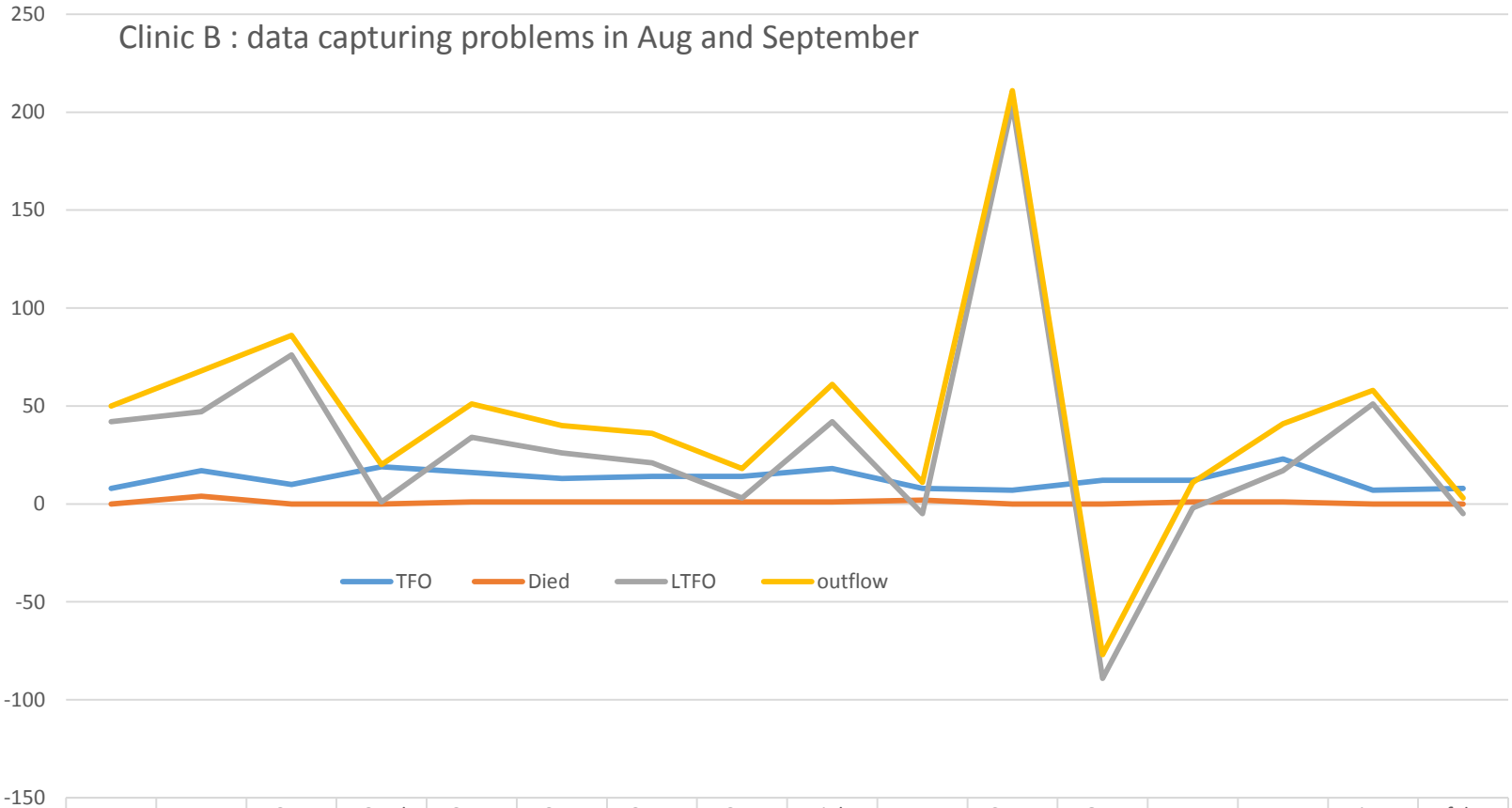

	Nov	Dec	16-Jan	16-Feb	16-Mar	16-Apr	16-May	16-Jun	jul	Aug	Sept	Oct	Nov	Dec	jan	feb
TFO	8	17	10	19	16	13	14	14	18	8	7	12	12	23	7	8
Died	0	4	0	0	1	1	1	1	1	2	0	0	1	1	0	0
LTFO	42	47	76	1	34	26	21	3	42	-5	204	-89	-2	17	51	-5
outflow	50	68	86	20	51	40	36	18	61	11	211	-77	11	41	58	3

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Linking data with the performance of the clinic

- In the next phase, the **clinics** started to **present** "**their" data** in ways that made sense to them.
- **Explaining** their successes and challenges to management using data.
- Clinic managers were now able to **set their own targets** using their own data.
- **Adapt activities** to reach "their" targets.
- Improvement teams.
- Presenting at market place at the **rural research day.**

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Key points:

- A key objective of the project was to transform the culture of data use in clinics, from "**top down"** use by higher up management to a "**bottom-up**" approach,
- Focusing on grassroots engagement and engaging **"non–experts**" in thinking through data processes
- Giving clinic staff the **vocabulary** to engage with data capturing, analysis and reporting.
- Spread the improvement by **opinion leaders** and via "**people like them**."

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Conclusions and recommendations

- Only those who deliver care can, in the end, change care……..The **outsider** can **judge** care; but only the **insider** can **improve** it.
- Grow this **new generation** of workers that will be key in bring an end to the epidemic?
- Recognising their role in the fight against HIV, **make space** for them in the governance and management structures of clinics.
- Train them and mentor them, there are no short roads to **knowledge and skills**, it often only **comes with experience.**

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THANK YOU

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